NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

MLTC Tribal Consultation
May 14, 2026
Meeting: 1:00-4:00 p.m. CST

Location – Santee Health and Wellness Center
110 Visiting Eagle St.
Niobrara, NE 68760

Present (In-Person): Rebecca Pavik, Aaron McCullough, Samantha Shley, Andrea Cummings, Victoria Balemare, Robyn Salerno, Luisa Sanchez, Cynthia Gosling, Nancy Macky, Leah Belgrade, Amelia Swalley, Josie Rodriguez, Anita Wisecup, Glorine Lovejoy, Tina Foxhave, Karri Steadman, Rebecca Crase, Andrea Burbach, RickyAnn Fletcher, Tuesday Kuhlman, Taija Wallingofrd, Brenda Worell, Val Hollie Parker, Lisa Miller, Jacob Kawamoto, Bailey Reigle, Celia Wightman, Ashiye Aator

Present (Webex): Chasity Davis, Cynthia Gillaspie, Jacquelyn Urban. James Ridgeway, Catherine Kearney, Aaron Kilgore, Tracy Nelson, Tashina Provost, Tim Easton,

Present (via Webex)

1. Welcome / Group Introductions
    i. Celebrations
        - Welcome Ashiye, Medicaid's new administrator
        - Santee's Powwow will be the last weekend in June
        - Santee will host a health fair on July 2
        - The Together for Indigenous Families (TFIF) Conference in June 3rd and 4th in Lincoln
            - Last day to register is May 19
            - Elder Justice Training hosted by the State Unit on Aging will be August 5
        - Check out the Get Set Up Resource that provides free virtual classes for older adults
    ii. Update of MLTC Tribal contacts / email list

2. Medicaid Updates
    i. SPA and Waiver – Discussion
        - 2026 Q2 (March-May) Overview and recap
            - SPAs
                - NE 25-0025: Program of All-Inclusive Care for the Elderly (PACE)
                    i. This SPA is a technical update to align the State Plan language with the current CMS PACE preprint and to clarify language in the State Plan regarding rates and payment

methodologies (which will not have a fiscal impact). The SPA will not have an impact on the tribes as these are technical changes.

- NE 26-0004: Targeted Case Management (TCM) for Aged, Blind, and Disabled (ABD) and Aid to Families with Dependent Children (AFDC) eligibility groups.
    i. Effective July 1, 2026, this SPA will specify which providers can provide TCM services to these groups by aligning it with the 1915(b)(4) waiver that was approved by CMS last year.
    ii. Providers allowed to provide TCM services for these groups include
        1. State staff employed by DHHS
        2. Entitles awarded a contract through DHHS' competitive bid process to provide TCM services
        3. Entitles for whom DHHS has entered into a sole source award for the provision of TCM services
- NE 26-0002: Community Engagement
    i. Effective May 1, 2026, Nebraska Medicaid will begin enforcing work requirements for new applicants and existing Medicaid members under the Medicaid adult expansion group.
- NE 26-0005: Certified Lactation Consultants – Prenatal Plus Program
    i. Effective July 1, 2026, certified lactation consultants (CLCs) will be added as an approved provider type for breastfeeding instruction sessions under the Prenatal Plus Program.

- Waivers
    - Nebraska Medicaid proposed to submit a Nebraska Sustainable Coverage Waiver that would limit retroactive eligibility to the first day of the month in which someone applies for Medicaid. Nebraska will not proceed with the submission of the Section 1115 waiver.

ii. Tribal Consultation Process

- MLTC sends out Tribal Notices for proposed SPAs and Waivers. Comments can be received from the Tribes for 30 days. If no comments are received after 30 days, MLTC can submit the SPA/Waiver to CMS.
- If comments are received, the consultation time-frame increases to 60 days
    - If one Tribe has a question or concern, it will be communicated to all other Tribes with a response from the Department
    - After the 6- days time-frame, MLTC can submit the SPA/Waiver to CMS
    - Comments from the Tribes are reported to the CMS Native American contact
- Please include DHHS.MedicaidSPA@nebraska.gov on all official Tribal comments
- MLTC is considering amending the Tribal Consultation Process
    - If Tribes report concerns, questions, and/or apprehensions regarding the SPA/Waiver update, the time-frame will be extended to 60 days

- If Tribes are asking clarifying questions or are agreeing with the changes, the time-frame will stay at 30 days
- Comments on the Tribal Process
  - The Medicaid Work Requirements notice felt very sudden. The Tribes would have liked an advance notice of the changes and for it to be specified that a SPA was coming
- MLTC will draft updated Tribal Consultation process language and bring it to the next meeting for the Tribes to review

iii. Medicaid Work Requirements

- Effective May 1, 2026, Nebraska Medicaid began enforcing work requirements for Medicaid members under Medicaid expansion also known as Heritage Health
- Members of federally recognized Native American Tribes, Urban Indians, California Indian, or people eligible to receive services through the Indian Health Services (IHS) are exempt from work requirements
- In order for Tribal members to get the exemption, MLTC needs to know that they are Native American. Members need to report their Native American status to DHHS. This can be done in a number of ways
  - At application, mark that the applicant is Native American on the Medicaid application and/or screener questions
  - Call, mail, or visit DHHS to report Tribal enrollment or affiliation
  - Work with a Tribal facility to get the information to DHHS
    - IHS/Tribal health facilities can submit a letter to DHHS stating that the applicant/beneficiary receives services from their facility
    - Information can be provided
      i. Online at https://iserve.nebraska.gov/
      ii. By mail : P.O> Box 2992 Omaha, NE 68103-2992
      iii. By email: DHHS.ANDICenter@nebraska.gov
- At this time, no health records or documentation is required, DHHS will take attestation
- Tribal Comments Regarding MWR
  - Why does the Tribal Noticing Period ends after the implementation date?
    - Because MLTC received comments form the Tribes, the noticing period was extended to 60 days per the current Tribal Consultation process
  - Why is the SPA submission occurring after the implementation date?
    - Per CMS guidelines, MLTC can submit a SPA any time in the quarter in which it becomes effective, it does not need to be submitted before it's effective date
  - What exact information will Nebraska accept to apply the Native exception at application and renewal?
    - At application, mark that the applicant is Native American on the Medicaid application and/or screener questions
    - Call, mail, or visit DHHS to report Tribal enrollment or affiliation
    - Work with a Tribal facility to get the information to DHHS

- If documentation is required, what documents are acceptable, and will the state accept alternatives for people who are not formally enrolled but are eligible for services through I/T/Us?
    - At this time, documentation is not required. Tribal members can work with Tribal facilities to share their Tribal affiliation with DHHS. Tribal facilities may email documents to DHHS.ANDICenter@nebraska.gov. Yes, the state will exempt those who are not formally enrolled but are eligible for services through I/T/Us.
- Will Nebraska accept verification through existing Medicaid data (race on file), I/T/U provider indicators, or other administrative data sources?
    - Yes, Nebraska will review all the data they have to determine if someone is exempt from work requirements.
- Will Nebraska require beneficiaries to re-prove AI/AN status at every renewal, or will the exemption persist once established?
    - The exemption will persist once it's established.
- What outreach will Nebraska provide before implementation (types of notices, languages, community partners, and coordination with Tribes and I/T/U providers)?
    - Nebraska has drafted a flyer to explain how Tribal members can report their Tribal affiliation to receive the exemption.
- When Nebraska requests more information, can the 30-day response time be extended, and will coverage continue during the response period and appeal?
    - The 30-day response period will not be extended. If an appeal takes place, the member can choose if they want their benefits to continue or pause during the appeal process.
- What is the state's process for appeals, and what assistance will be provided for beneficiaries who need help responding?
    - An appeal can be requested by calling DHHS, sending a letter in the mail, or by going into a DHHS office. After the individual completes the DA-6 form as an official request, the appeal process begins.
- What is Nebraska's plan to prevent erroneous terminations for individuals who are exempt but not correctly identified in state systems?
    - Nebraska believes they have put multiple safeguards in place to identify who should be exempt form MWR. If someone is erroneously terminated they should contact DHHS as soon as possible.

- Questions and Answers
    - Question: Will Medicaid use the Data Sharing Agreements to exempt Tribal members?
        - Answer: Medicaid is working on a plan to use this data.
    - Question: If someone attends Winnebago's ER as a non-tribal member are they exempt?
        - Answer: Unless they are a Tribal member or eligible to receive services through IHS they are not exempt.

- Question: Is there target outreach to the Tribes?
  - Answer: There hasn't been a lot of targeted outreach besides the Native exemption flyer. Let MLTC know what sort of resources would be helpful.
- Question: Is there a web page with information about volunteer opportunities?
  - Answer: DHHS is working on creating this.
- Question: How long does it take for a tribal exemption to be added to the system?
  - Answer: MLTC will take this back.
- Medicaid Work Requirements webpage
- Medicaid Work Requirements FAQ
  - English
  - Spanish
- Medicaid Work Requirements Outreach Notice
  - English
  - Spanish
- For job-seeking assistance visit the Nebraska Department of Labor's online resources

iv. Rural Health Transformation Program

- Monthly Tribal RHTP meetings will be held on the 2nd Wednesday of the month from 4:00pm-5:00pm
- Rural Health Transformation Program Webpage
- Nebraska Initiatives

3. Break

4. Outstanding Items:
   i. DSNP/Timely Filling Questions
      - Question: If a provider misses the Medicare timely filling window for a DSNP claim, can the claim still be submitted to Medicaid?
        - Answer: Per state regulations at 471 NAC 3 – failure to bill claims timely for third party coverage is grounds for Medicaid claims denials. If a provider misses a Medicare or DSNP timely filing window, Medicaid/the MCOs would deny as well.
      - DSNP timely filing periods are determined by the timeframes outlined in provider contracts
      - Medicaid does not have oversight of the DSNP programs
      - Please reach out to MLTC Tribal Liaisons with specific claim issues and we will work with Plan Management
   ii. UHC Credentialling
      - UHC can require Tribes to credential other lines of business. However, this shouldn't negatively impact Medicaid claims
      - If you're running into Medicaid claim issues, please let the MLTC Tribal Liaisons know

iii. Inpatient Encounter Rate Billing/Reimbursement
- Medicaid is working with the MCOs to ensure that systems are updated accordingly and we're working on updating our guidance document
- Outpatient Rate
  - Billed and reimbursed at the IHS all-inclusive rate
  - This all-inclusive rate includes professional fees
  - No additional rates should be billed when billing for outpatient services
- Inpatient Rate
  - Billed and reimbursed at the IHS all-inclusive rate, but excludes physician/practitioner costs
  - When billing for inpatient services, Tribal hospitals can separately bill for physician/practitioner costs at the appropriate fee schedule rate(s)

5. Roundtable Discussion
   i. Other DHHS Updates
   ii. Updates from MCO Liaisons
      i. United Healthcare
      ii. Nebraska Total Care
         1. Don't forget to fill out the Provider Satisfaction Survey
      iii. Molina
   iii. Data Sharing Agreements
   iv. NEMT
   v. Medicare Advantage / Crossover Claims
      i. MLTC is working on these claims
   vi. Open Agenda
      i. Dental provider shortage for one of the MCOs.
         1. Would like the state to get involved
         2. Look into the State Provider Network
      ii. MCO Added Benefits are Urban focused
         1. Would like to get services in the rural areas

Closing